

06/17/04

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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JUN 16 2004

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 05/17/2004

THEODORE JAY
 SUITE 600
 16 N CHATSWORTH AVE
 LARCHMONT, NY 10538

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<i>THEODORE JAY</i>		(Depositor's name)
<i>Theodore Jay</i>		(Signature)
		06/16/04
		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/612,541	07/02/2003	Edward D. Bennett		3595

TITLE OF INVENTION: COASTER CLIP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	08/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
RAMIREZ, RAMON O	3632	248-460000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
 2 _____
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"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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 Publication Fee
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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(Authorized Signature)

Theodore Jay (Date) *06/16/04*

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TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TRANSMITTAL LETTER

GROUP ART UNIT 3632

IN RE APPLICATION OF - EDWARD D. BENNETT

TITLE - COASTER CLIP

SERIAL NUMBER - 10/612,541

FILING DATE - 07/02/2003

EXAMINER - RAMON O. RAMIREZ

Mail Stop: ISSUE FEE

COMMISSIONER FOR PATENTS

P. O. BOX 1450.

ALEXANDRIA, VA 22313-1450

Dear Sir:

Notice of Allowance dated 05/17/2004 has been received on the above identified application.
The Confirmation Number is 3595 .

Completed Issue Fee Transmittal Part B is submitted herewith together with a check for \$695
to cover the issue fee.

Respectfully submitted,

Theodore Jay
Theodore Jay, Reg. No. 17071

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06/15/2004